

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. 08/702625 FILING DATE _____
APPLICANT(S) _____

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
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TOTAL IND.												
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TOTAL IND. 2
TOTAL DEP. 52
TOTAL CLAIMS 54